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**From:** Kleffner, Julie  
**Sent:** Monday, June 25, 2018 9:15 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** cs170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 4 Survey Instructions Revised.docx; CS170042001-003 renew and amend.docx; CS170420001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042001-002 Quarterly Expenditure report Attachment 5 REVISED.xlsx

**Importance:** High

I have attached a draft for your review before all other amendments are drafted. Since no information was provided regarding why the attachments were being revised, please ensure I have the correct information stated. Once this is approved, all other amendments will be drafted and sent to you for review.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

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**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.

The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (column G/highlighted in yellow).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433  
Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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<b>Missouri Department of Social Services</b> <b>A2A Quarterly Expenditure Report</b>	
Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
<b>Program Year July 1, 2018 - June 30, 2019</b>	
<b>Program Quarter:</b> 1st Quarter <input type="checkbox"/> 2nd Quarter <input type="checkbox"/> 3rd Quarter <input type="checkbox"/> 4th Quarter <input type="checkbox"/>	
<b>Revenue</b> <span style="float: right;">Federal (TANF)</span>	
Revenue Request	\$ -
<b>Indirect Administrative Costs Calculations</b>	
<b>Option 1: Federally Negotiated Indirect Cost Rate (FNICR)</b>	
Application Base:	\$ -
Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
<b>Total Indirect Administrative Costs</b>	\$ -
<b>OR</b>	
<b>Option 2: 10 % De Minimus (use if no FNICR)</b>	
Application Base: Modified Total Direct Administrative Cost	\$ -
	10%
<b>Total Indirect Administrative Costs</b>	\$ -
<b>Direct Administrative Costs</b> <span style="float: right;">Federal (TANF)</span>	
Program Salaries and Wages	\$ -
Employee Benefits	\$ -
Employee Travel	\$ -
Employee Training	\$ -
Office Rent/Space	\$ -
Office Utilities	\$ -
Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
Office Communications	\$ -
Office Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list):	\$ -
(add other categories as needed)	\$ -
	\$ -
<b>Total Direct Administrative Cost</b>	\$ -
<b>Less:</b>	
Equipment (Capital Equipment over the \$5,000 threshold)	0
Contracting/Consulting (amount of each contract service over \$25,000)	0
Other based on definition	0
<b>Modified Total Direct Administrative Cost</b>	\$ -
<b>Participant Services</b> <span style="float: right;">Federal (TANF)</span>	
Transportation	\$ -
Job Training	\$ -
Tuition Assistance	\$ -
Contracted Residential Care	\$ -
Utility Assistance	\$ -
Emergency Shelter	\$ -
Housing Assistance	\$ -
(add others as needed)	\$ -
	\$ -
<b>Total Participant Costs</b>	\$ -
<b>I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.</b>	
Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	<b>Date</b>

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
Monthly Income	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
Weekly Income	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
Bi-weekly Income	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
Hourly wage	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
Full Need Standard - Annual	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
Monthly Income	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
Full Need Standard - Monthly	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
Weekly Income	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
Full Need Standard - Weekly		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

## **Revised Attachment 4**

### **Directions for Administration of Customer Satisfaction Survey For the Alternatives to Abortion Program**

1. Per the contract, please administer the survey to all clients who receive services from \_\_\_\_\_ through \_\_\_\_\_. Each client should complete one survey.
2. The client should be given a plain envelope with the Contractor's name on the outside of the envelope along with a copy of the survey. For Contractors with Subcontractors, the Contractor name, as well as the Subcontractor name, shall appear on the outside of the envelope. The client shall complete the survey, not in the presence of the Contractor, and return the survey to the Contractor in the sealed envelope.
3. Please return all of the sealed envelopes to the Office of Administration, Alternatives to Abortion Program, no later than \_\_\_\_\_. Surveys should be bundled by the Contractor and submitted to the program manager at the following address:

Alternatives to Abortion Program  
Office of Administration  
201 W. Capitol Ave.  
State Capitol Building, Room 125  
Jefferson City, MO 65101



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003 **DRAFT**  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE



**AMENDMENT #003 TO CONTRACT CS170042001****CONTRACT TITLE:** Alternatives to Abortion Program Services **DRAFT****CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65	maximum annual total price
Geographic Region 3	\$380,681.30	maximum annual total price
Geographic Region 4	\$246,385.92	maximum annual total price
Geographic Region 5	\$133,229.05	maximum annual total price
Geographic Region 6	\$597,304.77	maximum annual total price
Geographic Region 7	\$325,682.73	maximum annual total price
Geographic Region 8	\$ 74,768.84	maximum annual total price
Geographic Region 9	\$172,118.88	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications may be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

**NOTE:** The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the

contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

## Revised Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

---

**From:** Gilbert, Jason  
**Sent:** Monday, June 25, 2018 10:26 AM  
**To:** Wilcoxson, Kathleen  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Are we still having an issue with others not being able to see the thumbnails?

Thanks,

**Jason Gilbert**  
Executive I  
Missouri Dept. Of Social Services  
Division of Finance and Admin Service/Warehouse Operations  
4720 Scruggs Station Rd.  
Jefferson City, MO 65109  
573-751-2707 telephone  
[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)

---

**From:** Wilcoxson, Kathleen  
**Sent:** Tuesday, June 19, 2018 9:30 AM  
**To:** Gilbert, Jason  
**Cc:** Pilz, Cameron  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Just a little thing, but “**Alternatives** to Abortion” is misspelled in the e-Store.

Also, Cameron and others still are not able to view the Thumbnails. Have you heard anything new on this?

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

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Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

**This communication is being transmitted by the Department of Social Services (DSS) and is confidential, privileged, and intended only for the use of the recipient named above. If you are not the intended recipient, unauthorized disclosure, copying, distribution or use of the contents is strictly prohibited. If you have received this in error, please notify the sender and destroy the material received.**

---

**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 4:52 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** Oops! Use this one - e-Store PDFs - More Brochures

Oops! I sent the wrong “Alternatives to Abortion” brochure. Please use the one attached here.

***Kathleen S. Wilcoxson, MPA***

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 4:40 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** RE: e-Store PDFs - More Brochures

Can I give you one more?

5. IM-4 A2A - Alternatives to Abortion Brochure

*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
FSD Director's Office Communications*

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Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 3:37 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** e-Store PDFs - More Brochures

Jason,

Here are a few more brochures to add Thumbnails to the e-Store:

1. **IM-4 LIHEAP Brochure** - This one is brand new – needs to be added to e-Store
2. **IM-4 Hearing Rights Brochure** - This one is labeled wrong in the e-Store, as IM-4 (Hearing rights) 6-16  
Please take off the parentheses so it will fall lower in the list (alphabetically) next to the IM-4 Hearings (Spanish)
3. **IM-4 SkillUP Brochure** – This one is NEW – needs to be added to e-Store
4. **IM-4 TWAH Ticket to Work Brochure** – Replace old brochure with this NEW one

Thank you!

*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
FSD Director's Office Communications*

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Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
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Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**From:** Wilcoxson, Kathleen  
**Sent:** Monday, June 25, 2018 10:38 AM  
**To:** Gilbert, Jason  
**Cc:** Pilz, Cameron  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Yes, nobody is able to see the thumbnails yet.

*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
FSD Director's Office Communications*

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Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**To:** Wilcoxson, Kathleen <[Kathleen.Wilcoxson@dss.mo.gov](mailto:Kathleen.Wilcoxson@dss.mo.gov)>  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Are we still having an issue with others not being able to see the thumbnails?

Thanks,

**Jason Gilbert**  
**Executive I**  
**Missouri Dept. Of Social Services**  
**Division of Finance and Admin Service/Warehouse Operations**  
**4720 Scruggs Station Rd.**  
**Jefferson City, MO 65109**  
**573-751-2707 telephone**  
**[jason.gilbert@dss.mo.gov](mailto:jason.gilbert@dss.mo.gov)**

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**Sent:** Tuesday, June 19, 2018 9:30 AM  
**To:** Gilbert, Jason  
**Cc:** Pilz, Cameron  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

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*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
FSD Director's Office Communications*

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P.O. Box 2320  
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Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 4:52 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** Oops! Use this one - e-Store PDFs - More Brochures

Oops! I sent the wrong "Alternatives to Abortion" brochure. Please use the one attached here.

*Kathleen S. Wilcoxson, MPA*  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 4:40 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** RE: e-Store PDFs - More Brochures

Can I give you one more?

5. IM-4 A2A - Alternatives to Abortion Brochure

*Kathleen S. Wilcoxson, MPA*  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
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---

**From:** Wilcoxson, Kathleen  
**Sent:** Wednesday, June 13, 2018 3:37 PM  
**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** e-Store PDFs - More Brochures

Jason,

Here are a few more brochures to add Thumbnails to the e-Store:

1. **IM-4 LIHEAP Brochure** - This one is brand new – needs to be added to e-Store
2. **IM-4 Hearing Rights Brochure** - This one is labeled wrong in the e-Store, as IM-4 (Hearing rights) 6-16  
Please take off the parentheses so it will fall lower in the list (alphabetically) next to the IM-4 Hearings (Spanish)
3. **IM-4 SkillUP Brochure** – This one is NEW – needs to be added to e-Store
4. **IM-4 TWAH Ticket to Work Brochure** – Replace old brochure with this NEW one

Thank you!

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

---

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---

**From:** Gilbert, Jason  
**Sent:** Monday, June 25, 2018 10:48 AM  
**To:** Wilcoxson, Kathleen  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

I will let Karen know!

Thanks,

**Jason Gilbert**  
Executive I  
Missouri Dept. Of Social Services  
Division of Finance and Admin Service/Warehouse Operations  
4720 Scruggs Station Rd.  
Jefferson City, MO 65109  
573-751-2707 telephone  
[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)

---

**From:** Wilcoxson, Kathleen  
**Sent:** Monday, June 25, 2018 10:38 AM  
**To:** Gilbert, Jason  
**Cc:** Pilz, Cameron  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Yes, nobody is able to see the thumbnails yet.

***Kathleen S. Wilcoxson, MPA***  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
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---

**From:** Gilbert, Jason  
**Sent:** Monday, June 25, 2018 10:26 AM  
**To:** Wilcoxson, Kathleen <[Kathleen.Wilcoxson@dss.mo.gov](mailto:Kathleen.Wilcoxson@dss.mo.gov)>  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Are we still having an issue with others not being able to see the thumbnails?

Thanks,

**Jason Gilbert**  
Executive I  
Missouri Dept. Of Social Services  
Division of Finance and Admin Service/Warehouse Operations

4720 Scruggs Station Rd.  
Jefferson City, MO 65109  
573-751-2707 telephone  
[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)

---

**From:** Wilcoxson, Kathleen  
**Sent:** Tuesday, June 19, 2018 9:30 AM  
**To:** Gilbert, Jason  
**Cc:** Pilz, Cameron  
**Subject:** RE: Oops! Use this one - e-Store PDFs - More Brochures

Just a little thing, but “Alternatives to Abortion” is misspelled in the e-Store.

Also, Cameron and others still are not able to view the Thumbnails. Have you heard anything new on this?

*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
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*Kathleen S. Wilcoxson, MPA*

*Public Information Administrator  
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**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>

**Subject:** RE: e-Store PDFs - More Brochures

Can I give you one more?

5. IM-4 A2A - Alternatives to Abortion Brochure

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator*

*FSD Director's Office Communications*

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**Sent:** Wednesday, June 13, 2018 3:37 PM

**To:** Gilbert, Jason <[Jason.Gilbert@dss.mo.gov](mailto:Jason.Gilbert@dss.mo.gov)>

**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>

**Subject:** e-Store PDFs - More Brochures

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Please take off the parentheses so it will fall lower in the list (alphabetically) next to the IM-4 Hearings (Spanish)
3. **IM-4 SkillUP Brochure** – This one is NEW – needs to be added to e-Store
4. **IM-4 TWAH Ticket to Work Brochure** – Replace old brochure with this NEW one

Thank you!

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator*

*FSD Director's Office Communications*

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---

**From:** Benne, Joy  
**Sent:** Tuesday, June 26, 2018 8:18 AM  
**To:** Morrison, Mary Ann  
**Subject:** A2A Providers - Greene Co

Alliance for Life – Missouri  
Catholic charities of Southern MO  
Laclede County Pregnancy Support Center  
Lutheran Family & Children's Services of Missouri

<https://dss.mo.gov/fsd/a2a/>

Please note I will be out of the office July 2, 2018 through July 6, 2018.

### Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, June 26, 2018 8:23 AM  
**To:** 'msann529@gmail.com'  
**Subject:** FW: A2A Providers - Greene Co

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**Sent:** Tuesday, June 26, 2018 8:18 AM  
**To:** Morrison, Mary Ann  
**Subject:** A2A Providers - Greene Co

Alliance for Life – Missouri  
Catholic charities of Southern MO  
Laclede County Pregnancy Support Center  
Lutheran Family & Children's Services of Missouri

<https://dss.mo.gov/fsd/a2a/>

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Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
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Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**Subject:** FW: A2A Providers - Greene Co

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Tuesday, June 26, 2018 8:22 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: A2A Providers - Greene Co

Catholic Charities of Southern Missouri  
424 East Monastery Street  
Springfield, MO 65807

Please note I will be out of the office July 2, 2018 through July 6, 2018.

**Joy E Benne, Fiscal Administrative Mgr.**  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**Sent:** Tuesday, June 26, 2018 8:18 AM  
**To:** Morrison, Mary Ann  
**Subject:** A2A Providers - Greene Co

Alliance for Life – Missouri  
Catholic charities of Southern MO  
Laclede County Pregnancy Support Center  
Lutheran Family & Children's Services of Missouri

<https://dss.mo.gov/fsd/a2a/>

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---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, June 26, 2018 8:40 AM  
**To:** Benne, Joy  
**Subject:** FW: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** cs170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 4 Survey Instructions Revised.docx; CS170042001-003 renew and amend.docx; CS170420001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1..\_.docx; CS170042001-002 Quarterly Expenditure report Attachment 5 REVISED.xlsx

**Importance:** High

Joy,

Attached is one of the A2A draft amendments for your review (see Julie's email below).

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Monday, June 25, 2018 9:15 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Importance:** High

I have attached a draft for your review before all other amendments are drafted. Since no information was provided regarding why the attachments were being revised, please ensure I have the correct information stated. Once this is approved, all other amendments will be drafted and sent to you for review.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie

<[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.

The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (column G/highlighted in yellow).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**

Missouri Department of Social Services

Division of Finance & Administrative Services (DFAS)

615 Howerton Court/P.O. Box 1643

Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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<b>Missouri Department of Social Services</b> <b>A2A Quarterly Expenditure Report</b>	
Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
<b>Program Year July 1, 2018 - June 30, 2019</b>	
<b>Program Quarter:</b> 1st Quarter <input type="checkbox"/> 2nd Quarter <input type="checkbox"/> 3rd Quarter <input type="checkbox"/> 4th Quarter <input type="checkbox"/>	
<b>Revenue</b> <span style="float: right;">Federal (TANF)</span>	
Revenue Request	\$ -
<b>Indirect Administrative Costs Calculations</b>	
<b>Option 1: Federally Negotiated Indirect Cost Rate (FNICR)</b>	
Application Base:	\$ -
Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
<b>Total Indirect Administrative Costs</b>	\$ -
<b>OR</b>	
<b>Option 2: 10 % De Minimus (use if no FNICR)</b>	
Application Base: Modified Total Direct Administrative Cost	\$ -
	10%
<b>Total Indirect Administrative Costs</b>	\$ -
<b>Direct Administrative Costs</b> <span style="float: right;">Federal (TANF)</span>	
Program Salaries and Wages	\$ -
Employee Benefits	\$ -
Employee Travel	\$ -
Employee Training	\$ -
Office Rent/Space	\$ -
Office Utilities	\$ -
Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
Office Communications	\$ -
Office Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list):	\$ -
(add other categories as needed)	\$ -
	\$ -
<b>Total Direct Administrative Cost</b>	\$ -
<b>Less:</b>	
Equipment (Capital Equipment over the \$5,000 threshold)	0
Contracting/Consulting (amount of each contract service over \$25,000)	0
Other based on definition	0
<b>Modified Total Direct Administrative Cost</b>	\$ -
<b>Participant Services</b> <span style="float: right;">Federal (TANF)</span>	
Transportation	\$ -
Job Training	\$ -
Tuition Assistance	\$ -
Contracted Residential Care	\$ -
Utility Assistance	\$ -
Emergency Shelter	\$ -
Housing Assistance	\$ -
(add others as needed)	\$ -
	\$ -
<b>Total Participant Costs</b>	\$ -
<b>I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.</b>	
Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

## **Revised Attachment 4**

### **Directions for Administration of Customer Satisfaction Survey For the Alternatives to Abortion Program**

1. Per the contract, please administer the survey to all clients who receive services from \_\_\_\_\_ through \_\_\_\_\_. Each client should complete one survey.
2. The client should be given a plain envelope with the Contractor's name on the outside of the envelope along with a copy of the survey. For Contractors with Subcontractors, the Contractor name, as well as the Subcontractor name, shall appear on the outside of the envelope. The client shall complete the survey, not in the presence of the Contractor, and return the survey to the Contractor in the sealed envelope.
3. Please return all of the sealed envelopes to the Office of Administration, Alternatives to Abortion Program, no later than \_\_\_\_\_. Surveys should be bundled by the Contractor and submitted to the program manager at the following address:

Alternatives to Abortion Program  
Office of Administration  
201 W. Capitol Ave.  
State Capitol Building, Room 125  
Jefferson City, MO 65101



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003 **DRAFT**  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			

  

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE



**AMENDMENT #003 TO CONTRACT CS170042001****CONTRACT TITLE:** Alternatives to Abortion Program Services **DRAFT****CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65	maximum annual total price
Geographic Region 3	\$380,681.30	maximum annual total price
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Geographic Region 5	\$133,229.05	maximum annual total price
Geographic Region 6	\$597,304.77	maximum annual total price
Geographic Region 7	\$325,682.73	maximum annual total price
Geographic Region 8	\$ 74,768.84	maximum annual total price
Geographic Region 9	\$172,118.88	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications may be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

**NOTE:** The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the

contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

**Revised Attachment 3**  
**Department of Social Services**  
**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

---

**From:** Benne, Joy  
**Sent:** Tuesday, June 26, 2018 9:07 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** CS170042001-003 renew and amend - DRAFT with comments 6-26-18.docx

Please send this to Julie,

Attachment 2 – the formula at the bottom of the attachment was updated based on the new numbers in Attachment 2A; reference of Attachment 2A was corrected as it previous stated “Attachment 3A” which was nonexistent.

Attachment 2A – new federal poverty numbers were released

Attachment 3 – updated the paragraph under the box; updated mailing address; medical expenses and medications **are not reimbursable**

Attachment 4 – this is not the attachment I sent. The new attachment simplifies the instructions for the contractor and includes DSS information.

Attachment 4a – Survey was updated to gather new data from clients, removed questions as real data could be obtained from the database, and condensed survey from 3 pages to 2.

Attachment 5 – Inserted the program quarter and contract period information

Please see the attached draft amendment for comments.

Please note I will be out of the office July 2, 2018 through July 6, 2018.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, June 26, 2018 8:40 AM  
**To:** Benne, Joy  
**Subject:** FW: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Importance:** High

Joy,

Attached is one of the A2A draft amendments for your review (see Julie’s email below).

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Monday, June 25, 2018 9:15 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Importance:** High

I have attached a draft for your review before all other amendments are drafted. Since no information was provided regarding why the attachments were being revised, please ensure I have the correct information stated. Once this is approved, all other amendments will be drafted and sent to you for review.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.  
The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (**column G/highlighted in yellow**).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643  
  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services (DFAS), and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003 **DRAFT**  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			

  

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042001****CONTRACT TITLE:** Alternatives to Abortion Program Services **DRAFT****CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

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Geographic Region 8	\$ 74,768.84	maximum annual total price
Geographic Region 9	\$172,118.88	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternative [BJ1] to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

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The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications may be submitted [BJ2] for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period [BJ3]. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

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contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, June 26, 2018 9:25 AM  
**To:** Kleffner, Julie  
**Subject:** FW: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** CS170042001-003 renew and amend - DRAFT with comments 6-26-18.docx;  
Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx;  
Attachment 4A Customer Satisfaction Survey 3-27-18.docx

Julie,

The Program's comments/information on the attachment revisions are listed below. Comments on the amendment are attached. Also, I've attached the attachments 4 and 4a that were included in the email I'd sent to PURCHMAIL.

Please let me know if you have any questions.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Tuesday, June 26, 2018 9:07 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

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Attachment 2 – the formula at the bottom of the attachment was updated based on the new numbers in Attachment 2A; reference of Attachment 2A was corrected as it previous stated "Attachment 3A" which was nonexistent.

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Please note I will be out of the office July 2, 2018 through July 6, 2018.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**From:** Kleffner, Julie  
**Sent:** Monday, June 25, 2018 9:15 AM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Importance:** High

I have attached a draft for your review before all other amendments are drafted. Since no information was provided regarding why the attachments were being revised, please ensure I have the correct information stated. Once this is approved, all other amendments will be drafted and sent to you for review.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
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**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

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Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)

615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003 **DRAFT**  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

  

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE



**AMENDMENT #003 TO CONTRACT CS170042001****CONTRACT TITLE:** Alternatives to Abortion Program Services **DRAFT****CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65	maximum annual total price
Geographic Region 3	\$380,681.30	maximum annual total price
Geographic Region 4	\$246,385.92	maximum annual total price
Geographic Region 5	\$133,229.05	maximum annual total price
Geographic Region 6	\$597,304.77	maximum annual total price
Geographic Region 7	\$325,682.73	maximum annual total price
Geographic Region 8	\$ 74,768.84	maximum annual total price
Geographic Region 9	\$172,118.88	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternative [BJ1] to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications may be submitted [BJ2] for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period [BJ3]. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

**NOTE:** The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the

contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Mary Taylor <mary@allianceforlifemissouri.com>  
**Sent:** Tuesday, June 26, 2018 11:26 AM  
**To:** Benne, Joy  
**Subject:** RE: Pleasant Hope Mo Zip Code

To the best of my knowledge it is 65725.

Thank you.

*Mary*  
A2A Program Manager  
816-806-4168

---

**From:** Benne, Joy [<mailto:Joy.E.Benne@dss.mo.gov>]  
**Sent:** Tuesday, June 26, 2018 10:59 AM  
**To:** Mary Taylor ([mary@allianceforlifemissouri.com](mailto:mary@allianceforlifemissouri.com)) <[mary@allianceforlifemissouri.com](mailto:mary@allianceforlifemissouri.com)>  
**Subject:** Pleasant Hope Mo Zip Code

Mary,  
Can you send me the zip code for Pleasant Hope MO? I'm going to have ITSD add it to the database.  
Thanks.

Please note I will be out of the office July 2, 2018 through July 6, 2018.

### Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Tuesday, June 26, 2018 3:52 PM  
**To:** Wilcoxson, Kathleen  
**Subject:** A2A Map Updates

Was contacted by Joy Benne about updates to the Alternatives to Abortion webpage – in particular, the map.

I conferenced in with Joy and Michael Fooky (selected to keep A2A updated), and we discussed the best way to go about updating the map (it hadn't been updated for a long time). I added both their names to the DSS Approved Contact List.

Michael will create a spreadsheet that can be used (ongoing) to keep the map updated. I also offered to help walk him through his first ITSD ticket, and assured him it was as simple as sending an email.

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Tuesday, June 26, 2018 5:03 PM  
**To:** 'Mary Taylor'  
**Subject:** RE: Pleasant Hope Mo Zip Code

Mary,  
Pleasant Hope, MO with zip code has been added to the database. See if your sub can update the client's information.  
Thanks.

Please note I will be out of the office July 2, 2018 through July 6, 2018.

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---

**From:** Mary Taylor <mary@allianceforlifemissouri.com>  
**Sent:** Wednesday, June 27, 2018 8:22 AM  
**To:** Benne, Joy  
**Subject:** RE: Pleasant Hope Mo Zip Code

Thank you Joy!

Mary  
A2A Program Manager  
816-806-4168

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---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:36 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A - CS170042001  
**Attachments:** CS170042001-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042001-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042001-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042001-003 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77



# Revised Attachment 3

## Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042001**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65 maximum annual total price
Geographic Region 3	\$380,681.30 maximum annual total price
Geographic Region 4	\$246,385.92 maximum annual total price
Geographic Region 5	\$133,229.05 maximum annual total price
Geographic Region 6	\$597,304.77 maximum annual total price
Geographic Region 7	\$325,682.73 maximum annual total price
Geographic Region 8	\$74,768.84 maximum annual total price
Geographic Region 9	\$172,118.88 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:36 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A - CS170042001  
**Attachments:** CS170042001-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042001-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042001-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042001-003 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA



**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
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<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
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<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)	
---	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

OR

Option 2: 10 % De Minimus (use if no FNICR)	
---	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

Less:

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE



**AMENDMENT #003 TO CONTRACT CS170042001**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

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Geographic Region 3	\$380,681.30 maximum annual total price
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The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

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The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

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**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:36 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A - CS170042001  
**Attachments:** CS170042001-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042001-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042001-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042001-003 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77



**Revised Attachment 3**  
**Department of Social Services**  
**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

<b>Direct Administrative Costs</b>	<b>Federal (TANF)</b>
------------------------------------	-----------------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

<b>Participant Services</b>	<b>Federal (TANF)</b>
-----------------------------	-----------------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	<b>Date</b>
---	-------------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

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FAX TO:	(573) 526-9816
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Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

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**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

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**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:37 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042002  
**Attachments:** CS170042002-004 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042002-004 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042002-004 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042002-004 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042002-004 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042002-004 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042002-004 renew and amend.docx

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☐ Other \_\_\_\_\_

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Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA



**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
---	---

<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
--	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

**Date**



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 004  
CONTRACT NO.: CS170042002  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: CATHOLIC CHARITIES OF SOUTHERN MISSOURI  
424 EAST MONASTERY STREET  
SPRINGFIELD MO 65807

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE



**AMENDMENT #004 TO CONTRACT CS170042002**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 7	\$253,019.59 maximum annual total price
Geographic Region 8	\$56,076.63 maximum annual total price
Geographic Region 9	\$129,089.16 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:38 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042003  
**Attachments:** CS170042003-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042003-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042003-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042003-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042003-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042003-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042003-003 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

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**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
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  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
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- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
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The remainder is shown as unearned income on the minor parent's budget.

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$\$1,268 - \$90 = 1,178$

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\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

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(Revised June 2018)

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<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

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<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_



**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

<b>Indirect Administrative Costs Calculations</b>	
---	--

<b>Option 1: Federally Negotiated Indirect Cost Rate (FNICR)</b>	
--	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

<b>Option 2: 10 % De Minimus (use if no FNICR)</b>	
--	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

<b>Direct Administrative Costs</b>	<b>Federal (TANF)</b>
------------------------------------	-----------------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

<b>Less:</b>	
--------------	--

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

<b>Participant Services</b>	<b>Federal (TANF)</b>
-----------------------------	-----------------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042003  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: FAITH MATERNITY CARE  
1900 LAKE DRIVE  
FULTON MO 65251

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042003**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 4	\$184,789.44 maximum annual total price
---------------------	---

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:39 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042004  
**Attachments:** CS170042004-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042004-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042004-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042004-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042004-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042004-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042004-003 renew and amend.docx

Please review and advise if acceptable to proceed

**Revised Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.



- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
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**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

<b>Indirect Administrative Costs Calculations</b>	
---	--

<b>Option 1: Federally Negotiated Indirect Cost Rate (FNICR)</b>	
--	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

<b>Option 2: 10 % De Minimus (use if no FNICR)</b>	
--	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

<b>Direct Administrative Costs</b>	<b>Federal (TANF)</b>
------------------------------------	-----------------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

<b>Less:</b>	
--------------	--

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

<b>Participant Services</b>	<b>Federal (TANF)</b>
-----------------------------	-----------------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042004  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: THE HAVEN OF GRACE  
1225 WARREN  
ST LOUIS MO 63106

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CONTACT PERSON		EMAIL ADDRESS	
PHONE NUMBER		FAX NUMBER	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
PRINTED NAME		TITLE	

**AMENDMENT #003 TO CONTRACT CS170042004**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 6	\$463,841.07 maximum annual total price
---------------------	---

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:40 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042005  
**Attachments:** CS170042005-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042005-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042005-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042005-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042005-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042005-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042005-003 renew and amend.docx

Please review and advise if acceptable to proceed



## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042005  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER  
PO BOX 373 525 S WASHINGTON  
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

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Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042005**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$88,819.36 maximum annual total price
Geographic Region 7	\$252,911.13 maximum annual total price
Geographic Region 8	\$56,076.63 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

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---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:40 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042006  
**Attachments:** CS170042006-002 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042006-002 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042006-002 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042006-002 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042006-002 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042006-002 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042006-002 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77



**Revised Attachment 3**  
**Department of Social Services**  
**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)	
---	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

OR

Option 2: 10 % De Minimus (use if no FNICR)	
---	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

Total Direct Administrative Cost	\$ -
----------------------------------	------

Less:	
-------	--

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

Modified Total Direct Administrative Cost	\$ -
---	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

Total Participant Costs	\$ -
-------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042006  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: THE LIGHT HOUSE INC  
400 WEST MEYER BOULEVARD  
P O BOX 22553  
KANSAS CITY MO 64113

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #002 TO CONTRACT CS170042006**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 3	\$296,043.16 maximum annual total price
---------------------	---

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:41 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042007  
**Attachments:** CS170042007-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042007-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042007-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042007-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042007-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042007-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042007-003 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]



## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

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(Revised June 2018)

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<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

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<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages	\$ -
Employee Benefits	\$ -
Employee Travel	\$ -
Employee Training	\$ -
Office Rent/Space	\$ -
Office Utilities	\$ -
Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
Office Communications	\$ -
Office Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list):	\$ -
(add other categories as needed)	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Direct Administrative Cost</b>	\$ -

Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
---	---

<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
--	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

**Participant Services**

**Federal (TANF)**

Transportation	\$ -
Job Training	\$ -
Tuition Assistance	\$ -
Contracted Residential Care	\$ -
Utility Assistance	\$ -
Emergency Shelter	\$ -
Housing Assistance	\$ -
(add others as needed)	\$ -
	\$ -
	\$ -
<b>Total Participant Costs</b>	\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

**Date**



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042007  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LUTHERAN FAMILY AND CHILDRENS  
SERVICES OF MISSOURI  
9666 OLIVE BOULEVARD SUITE 400  
SAINT LOUIS MO 63132-3025

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR  
MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042007**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 1	\$254,665.69 maximum annual total price
Geographic Region 3	\$296,170.05 maximum annual total price
Geographic Region 4	\$184,789.44 maximum annual total price
Geographic Region 6	\$464,039.97 maximum annual total price
Geographic Region 7	\$252,911.13 maximum annual total price
Geographic Region 9	\$129,089.16 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:42 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042008  
**Attachments:** CS170042008-004 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042008-004 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042008-004 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042008-004 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042008-004 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042008-004 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042008-004 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**  
**Department of Social Services**  
**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643



**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

<b>Indirect Administrative Costs Calculations</b>	
---	--

<b>Option 1: Federally Negotiated Indirect Cost Rate (FNICR)</b>	
--	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

<b>Option 2: 10 % De Minimus (use if no FNICR)</b>	
--	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

<b>Direct Administrative Costs</b>	<b>Federal (TANF)</b>
------------------------------------	-----------------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

<b>Less:</b>	
--------------	--

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

<b>Participant Services</b>	<b>Federal (TANF)</b>
-----------------------------	-----------------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 004  
CONTRACT NO.: CS170042008  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: MOTHERS REFUGE  
14400 E 42ND ST S STE #220  
INDEPENDENCE MO 64055-4871

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			

  

CONTACT PERSON		EMAIL ADDRESS	
PHONE NUMBER		FAX NUMBER	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
PRINTED NAME		TITLE	

**AMENDMENT #004 TO CONTRACT CS170042008**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 3	\$296,043.16 maximum annual total price
---------------------	---

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor’s failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:42 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A CS170042009  
**Attachments:** CS170042009-004 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042009-004 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042009-004 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042009-004 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042009-004 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042009-004 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; CS170042009-004 renew and amend.docx

Please review and advise if acceptable to proceed

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.



## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**  
**Department of Social Services**  
**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)	
---	--

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

OR

Option 2: 10 % De Minimus (use if no FNICR)	
---	--

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

Total Direct Administrative Cost	\$ -
----------------------------------	------

Less:

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

Modified Total Direct Administrative Cost	\$ -
---	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

Total Participant Costs	\$ -
-------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 004  
CONTRACT NO.: CS170042009  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: NURSES FOR NEWBORNS  
7259 LANSDOWNE STE 100  
ST. LOUIS MO 63119

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			

  

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #004 TO CONTRACT CS170042009**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 6	\$463,841.07 maximum annual total price
---------------------	---

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

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Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

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---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, June 27, 2018 1:47 PM  
**To:** Kleffner, Julie  
**Subject:** RE: A2A - CS170042001

Thank you!! And please thank Donna!!!  
I've forwarded to Joy for review/approval.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:36 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A - CS170042001

Please review and advise if acceptable to proceed

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, June 27, 2018 3:14 PM  
**To:** Kleffner, Julie  
**Subject:** RE: A2A - CS170042001

Julie,

Per our conversation, all 9 amendments for A2A have been approved by the Program to proceed with issuance for signature.

Thank you!!!

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Wednesday, June 27, 2018 1:36 PM  
**To:** Morrison, Mary Ann  
**Subject:** A2A - CS170042001

Please review and advise if acceptable to proceed



---

**From:** Temmen, Donna  
**Sent:** Thursday, June 28, 2018 11:13 AM  
**To:** 'marsha@allianceforlifemissouri.com'  
**Cc:** Morrison, Mary Ann  
**Subject:** Amendment #003 to Contract CS170042001  
**Attachments:** CS170042001-003 renew and amend.docx; CS170042001-003 Attachment 2 Minor Parent Income Determination Formula 6-15-18 REVISED.docx; CS170042001-003 Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18 REVISED.pdf; CS170042001-003 Attachment 3 Request for Preauthorization for Other Services REVISED 5-1-18.docx; CS170042001-003 Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED.docx; CS170042001-003 Attachment 4A Customer Satisfaction Survey 3-27-18 REVISED.docx; CS170042001-003 Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx

Attached please find Amendment #003 for State of Missouri Contract CS170042001. Please complete, sign, and return at your earliest convenience according to the return information on page 1. Please contact Julie Kleffner at 573-751-7656 if you have any questions.

Thanks,

*Donna Temmen*  
*Services Section - Senior Office Support Assistant*  
*OA, Division of Purchasing*  
*PO Box 809*  
*Jefferson City MO 65102*  
*(573) 751-1697*  
*Fax: (573) 526-9816*  
*E-mail: [donna.temmen@oa.mo.gov](mailto:donna.temmen@oa.mo.gov)*

## Revised Attachment 4A

### ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

**A2A Provider:**

**Services Received:** ☐ January through June

☐ July through December

**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend

☐ Other \_\_\_\_\_

**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **REVISED ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Revised Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

**Revised Attachment 3**

**Department of Social Services**

**Reimbursement Request for Other Services**

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Revised Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643



**Missouri Department of Social Services**  
**A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter:   1st Quarter ☐   2nd Quarter ☐   3rd Quarter ☐   4th Quarter ☐

<b>Revenue</b>	<b>Federal (TANF)</b>
----------------	-----------------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

<b>Direct Administrative Costs</b>	<b>Federal (TANF)</b>
------------------------------------	-----------------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

<b>Participant Services</b>	<b>Federal (TANF)</b>
-----------------------------	-----------------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: CS170042001  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 6/26/18

REQ NO.: NR 886 DFA18000259  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: ALLIANCE FOR LIFE – MISSOURI INC  
106 5TH AVE S PO BOX 65  
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
[REDACTED]	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

**AMENDMENT #003 TO CONTRACT CS170042001**

**CONTRACT TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65 maximum annual total price
Geographic Region 3	\$380,681.30 maximum annual total price
Geographic Region 4	\$246,385.92 maximum annual total price
Geographic Region 5	\$133,229.05 maximum annual total price
Geographic Region 6	\$597,304.77 maximum annual total price
Geographic Region 7	\$325,682.73 maximum annual total price
Geographic Region 8	\$74,768.84 maximum annual total price
Geographic Region 9	\$172,118.88 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

---

**From:** Mary Taylor <mary@allianceforlifemissouri.com>  
**Sent:** Thursday, June 28, 2018 2:30 PM  
**To:** DFAS A2APrograms; Fooks, Michael  
**Subject:** AFL Address Update

Hi ~

It just dawned on me that you guys are aware we relocated our offices, however, I have not sent you our new address. In case you need it, it is:

487 SW Ward Road  
Lee's Summit, MO 64081

Thanks,

Mary Taylor  
A2A Program Manager  
487 SW Ward Road  
Lee's Summit, MO 64081  
PH: 816-806-4168  
FAX: 855-856-5240  
[www.allianceforlifemissouri.com](http://www.allianceforlifemissouri.com)



*Our Vision: To unify and champion LIFE ministries.*

*Our Mission: To save and change lives through **Equipping** people, **Empowering** ministries, and **Engaging** communities toward a culture of LIFE.*



---

**From:** Benne, Joy  
**Sent:** Friday, June 29, 2018 8:22 AM  
**To:** 'Mary Taylor'  
**Cc:** Marsha Middleton; Fooks, Michael  
**Subject:** RE: AFL Address Update

Good Morning Mary,

Since your office relocated make sure to update your MissouriBuys (<https://missouribuys.mo.gov/>) information and other documents with the State of Missouri. The FY2019 renewal, I believe, was just emailed out. You may want to include this change on the renewal when you return it back to Julie Kleffner.

Thanks.

Please note I will be out of the office July 2, 2018 through July 6, 2018.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Mary Taylor [<mailto:mary@allianceforlifemissouri.com>]  
**Sent:** Thursday, June 28, 2018 2:30 PM  
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---

**From:** Benne, Joy  
**Sent:** Friday, June 29, 2018 8:24 AM  
**To:** Morrison, Mary Ann  
**Subject:** FW: AFL Address Update

Mary Ann,

I received the below email yesterday from Alliance for Life – Missouri (A2A contract #CS170042001) stating their address changed. Please forward to OA Purchasing so they may change their records. If they need anything else please let me know.

Thanks.

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---

**From:** Morrison, Mary Ann  
**Sent:** Friday, June 29, 2018 11:20 AM  
**To:** Benne, Joy  
**Subject:** RE: AFL Address Update

Joy,

Other than the vendor updating their address in MissouriBUYS, there is no action needed on this end. We'll just make the address change on the next amendment.

Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Friday, June 29, 2018 1:49 PM  
**To:** Dolce, Heather  
**Subject:** RE: ADD to Web Contact Permission List

Yes, but Joy was asked to head up the Alternatives to Abortion program, and Michael is assisting her.

***Kathleen S. Wilcoxson, MPA***  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**From:** Dolce, Heather  
**Sent:** Friday, June 29, 2018 12:16 PM  
**To:** Wilcoxson, Kathleen <[Kathleen.Wilcoxson@dss.mo.gov](mailto:Kathleen.Wilcoxson@dss.mo.gov)>  
**Subject:** RE: ADD to Web Contact Permission List

Kathleen, isn't Joy Benne with DFAS? Is Michael as well?

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**From:** Wilcoxson, Kathleen  
**Sent:** Tuesday, June 26, 2018 1:59 PM  
**To:** Dolce, Heather  
**Subject:** ADD to Web Contact Permission List

Heather,

Can you please add:

Joy Benne

Michael Fooks

To the list under the "Alternative to Abortion" category.

Thank you!

***Kathleen S. Wilcoxson, MPA***  
*Public Information Administrator*  
*FSD Director's Office Communications*

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Missouri Department of Social Services  
Family Support Division  
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Jefferson City, MO 65102  
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**From:** Benne, Joy  
**Sent:** Friday, June 29, 2018 5:52 PM  
**To:** 'Amanda Murray'; 'Angel McDonald (programdirector@mothersrefuge.org)'; 'Julie Ball (Julie.ball@mbch.org)'; 'Kimberly Brown'; 'Laura Guy-Rice (lgrice@ccsomo.org)'; 'Marsha Middleton'; 'Mary Taylor (mary@allianceforlifemissouri.com)'; Wolf, MaryDebra; 'Nicole Feltes'; 'Shirley Bruno'; 'Marsha Middleton'; 'Mary Taylor (mary@allianceforlifemissouri.com)'; 'Kimberly Brown'; 'Nicole Feltes'  
**Cc:** Fooks, Michael  
**Subject:** Alternatives to Abortion Pamphlet - Spanish Version

I want to let everyone know the Spanish version of the A2A Pamphlet is now available on the Departments website (<https://dss.mo.gov/fsd/a2a/>).

Please note I will be out of the office July 2, 2018 through July 6, 2018.

### Joy E Benne, Fiscal Administrative Mgr.

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